

Charles Minter Tae Kwon Do Karate Championships

Saturday February 27, 2010

Location: Charles Minter Karate Studio—1987 Scenic Hwy, Snellville, GA. 30078

Spectators \$5 or free with 2 canned items

Events: Forms, Board Breaking, & Fighting

AWARDS FOR EACH EVENT

Entry Fee: \$35.00 FOR ONE EVENT

\$10.00 FOR EACH ADDITIONAL EVENT

Schedule of Events

3:00 p.m. – (14&15) (16&17), (18 & Up.) All colored Belts
(WHITE, YELLOW, ORANGE) (GREEN, PURPLE, BLUE) (RED & BROWN)

4:00p.m. – Instructors and Black Belt Demonstration

4:30p.m.- Boys & Girls (4&5 yrs.) (6&7 yrs.) All Colored Belts
(WHITE, YELLOW, ORANGE) (GREEN, PURPLE, BLUE) (RED & BROWN)

5:30p.m. - Boys & Girls (8&9 yrs) All Colored Belts
(WHITE, YELLOW, ORANGE) (GREEN, PURPLE, BLUE) (RED & BROWN)

6:30p.m. - Boys & Girls (10 & 11 yrs.) & (12 & 13 Yrs.)
(WHITE, YELLOW, ORANGE) (GREEN, PURPLE, BLUE) (RED & BROWN)

All competitors MUST Arrive 15 Minutes before the appointed time for their Division

(770) 985-0050

www.minterkarate.com

*Registration Accepted at the Door
Please Turn In Completed Entry Form & Fee to Your Instructor*

**Charles Minter Tae Kwon Do
Karate Championships
Saturday February 27, 2010**

Place: Charles Minter Studio: 1987 Scenic Highway, Snellville GA 30078

Application For Competition

Name: _____ Age: _____ Birth Date _____
Address: _____ City _____ Zip _____
Phone: _____ Male: _____ Female: _____ Weight _____
Belt Color: _____ Instructor _____

**Entry Fee: \$35.00 For 1 Event \$10.00 For Each Additional Event
Spectators \$5 or Free with 2 canned items (Benefits Snellville Community Co-Op)**

I, the undersigned, do hereby voluntarily submit my application for the attendance and participation in the Charles Minter Tae Kwon Do Karate Championships, and do hereby assume full responsibility for any and all damages, injuries, or losses that I may sustain or incur, if any, while attending or participating, and I hereby waive all claims against the promoters, officials, or sponsors of said Charles Minter Tae Kwon Do Karate Championships individually or otherwise, for any claim for injuries that I might sustain. I fully understand that any medical treatment given to me will be of a first aid treatment only. I understand that the fee paid is non-refundable.

Date: _____ Signature: _____

Parent/Guardian: _____

***For More Information Please Call: 770 985-0050
www.minterkarate.com***

Point Sparring _____		
Name _____	Belt Color _____	Age _____

Forms _____		
Name _____	Belt Color _____	Age _____

Board Breaking _____		
Name _____	Belt Color _____	Age _____
(3 Boards Provided) *** Additional Boards May Be Purchased at the Event ***		